**Note:** Upload completed document to the Electronic Rule Filing System.

 Hearing Date:
 05/20/2024
 Today's Date:
 05/20/2024

Agency: Ohio Department of Aging

Rule Number(s): 173-50-04 and 173-50-05

If no comments at the hearing, please check the box.  $\square$ 

*List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.* 

## In-Person Comments:

Individual(s)/Organization(s)	Rule	Comments

## Written Comments:

Individual(s)/Organization(s)	Rule	Comments

## Consolidated Summary of Comments Received

*Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).* 

## **Incorporated Comments into Rule(s)**

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

Comment Received	Rule	How Incorporated